

Approved through 10/31/2002. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Docket Number (Optional) BSI-430US8

## SUPPLEMENTAL REISSUE APPLICATION DECLARATION BY THE INVENTOR

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first
and joint inventor (if plural names are listed below) of the subject matter which is described and claimed
in patent number 5,855,598 granted January 5, 1999, and for which a
reissue patent is sought on the invention entitled EXPANDABLE SUPPORTIVE BRANCHED ENDOLUMINAL
<u>GRAFTS</u> ,
the specification of which
☐ is attached hereto.
was filed on September 5, 2000 as reissue application number 09/657,041
and was amended on
(If applicable)
I have reviewed and understand the contents of the above identified specification, including the claims,
as amended by any amendment referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
below. (Glieck all boxes that apply.)
·
by reason of a defective specification or drawing.
☑ by reason of the patentee claiming less than he had the right to claim in the patent.
by reason of other errors.
At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:
This reissue is a broadening reissue. At least the following errors exist as a basis for this reissue:
1. Originally the claims required that the liner of the trunk component have both a generally cylindrical upper body portion and a generally cylindrical lower body portion. The error is that this is unduly narrow in that the liner need only have a generally cylindrical body portion and two leg portions.
<ol> <li>Originally the claims required several steps to make a supportive graft, including inserting and inflating a liner.</li> <li>The error here is that this is unduly narrow in that the specification also teaches simply a method of forming a supporting component comprising the steps of forming a support component and crimping at least one portion to provide a multiple-lumen portion.</li> </ol>
·

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/51 (10-00)

PTO/SB/51 (10-00)

U.S. Patent and Traceman

U.S. DEPARTMENT OF COMMERCE

95, no persons are required to respond to a collection of information ut access it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional) BSI-430US8			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.								
Name(s)	Regist	tration Nun	nber					
Jonathan H. Spadt	45	,122						
Paul F. Prestia	······································	3,031					<del></del>	
(additional listed on attached sheet)								
Correspondence Address: Direct all communications about the application to:								
Customer Number	23122				Place Customer Number Bar Code Label here			
OR .	Type Customer Number	here		L		· · · · · · · · · · · · · · · · · · ·		
Firm or Individual Name								
Address				•				
Address								
City			State			ZIP		
Country								
Telephone			Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.								
Full name of sole or firs Leonard Pinchuk	st inventor (given name, family nam	ne)						
Inventor's signature								
Residence Miami, Florida		Date						
Mailing Address		Citize	enship					
13704 SW 92 Court Miami, Florida 33176		USA	•					
	· · · · · · · · · · · · · · · · · · ·							
Full name of second joint inventor (given name, family name) Rysler Alcime								
Inventor's signature		Date				1 7. 2	***	
Residence Miami, Florida		Citize USA	enship					
Mailing Address 925 N. Miami,	E. 122th Street Florida 33161	<del></del> .	<del> </del>	··. ·		<del></del>		
	inventor (given name, family name)	)						
Inventor's signature		Date						
Residence Citizenship Pembroke Pines, Florida 33029 USA								
Mailing Address 311 S.W. 187 <sup>th</sup> Avenue Pembroke Pines, Florida 3	3029							
☐ Additional joint inventors are named on separately numbered sheets attached hereto.								